

County of Los Angeles CHIEF EXECUTIVE OFFICE

713 KENNETH HAHN HALL OF ADMINISTRATION LOS ANGELES, CALIFORNIA 90012

(213) 974-1101 http://ceo.lacounty.gov

February 19, 2008

Board of Supervisors GLORIA MOLINA First District

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ZEV YAROSLAVSKY Third District

DON KNABE Fourth District

MICHAEL D. ANTONOVICH Fifth District

The Honorable Board of Supervisors County of Los Angeles 383 Kenneth Hahn Hall of Administration 500 West Temple Street Los Angeles, CA 90012

Dear Supervisors:

DEPARTMENT OF HEALTH SERVICES: REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (SUPERVISORIAL DISTRICTS 1 AND 2)

(3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Authorize the Director of Health Services (Director) or his designee to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, for the following individual accounts for patients who received medical care at a County facility:

| (1) | Account Number | LAC+USC - 4675225 | \$10,000 |
|-----|----------------|-------------------|----------|
| (2) | Account Number | LAC+USC - Various | \$ 8,000 |
| (3) | Account Number | LAC+USC - Various | \$ 7,200 |
| (4) | Account Number | H/UCLA - 7850315 | \$ 6,500 |

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The compromise offers of settlement for patient accounts (1) - (4) are recommended because the patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department will be able to receive under the legal settlement involved in these cases.

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The best interests of the County would be served by the approval of these compromises, since it will enable DHS to maximize net revenue on these accounts.

Implementation of Strategic Plan Goals

The recommended action will satisfy County Strategic Plan Goal #4, Fiscal Responsibility.

FISCAL IMPACT/FINANCING

This will expedite the County's recovery of revenue totaling approximately \$31,700.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On January 8, 2002 the Board approved an ordinance granting the Director authority to reduce patient account liabilities when it is in the best interest of the County to do so. The ordinance was adopted by the Board on January 15, 2002.

Under County Code Chapter Section 2.76.046, the Director has the authority to reduce patient account liabilities by the greater of i) \$15,000, or ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director's authority requires Board approval.

Typically, recoveries in legal settlements are divided approximately into thirds between plaintiff, plaintiff's attorney, and all medical lien holders, which would include the County's hospital lien. Factors that contribute to each party receiving more or less than one-third of the recovery include, the number of medical lien holders, the plaintiff's attorney retainer agreement, and costs accrued by plaintiff associated with the legal process.

The compromise of these accounts is not within the Director's authority, so the Director is requesting Board approval of these compromises.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Maximizing net revenues on these accounts will help DHS meet its budgeted revenue amounts.

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CONCLUSION

When approved, DHS requires three signed copies of the Board's action. Respectfully submitted,

WILLIAM T FUJIOKA Chief Executive Officer

WTF:SRH SAS:AT:bjs

Attachments (4)

c: County Counsel Director and Chief Medical Officer, Department of Health Services

021908_DHS_Compromise Offers

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 1 DATE: February 19, 2008

| Total Charges | \$302,498 | Account Number | 4675225 |
|-----------------------------|-----------|--------------------|------------------------|
| Amount Paid | \$0 | Service Type | Inpatient |
| Balance Due | \$302,498 | Date of Service | 8/8/06-9/16/06 |
| Compromise Amount Offered | \$10,000 | % Of Charges | 3% |
| Amount to be Written Off | \$292,498 | Facility | LAC+USC Medical Center |

JUSTIFICATION

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient charges of \$302,498 for medical services rendered. The patient was denied Medi-Cal and had qualified for ATP with liability of \$1,586. The patient's third party liability (TPL) claim settled for \$30,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

| Disbursement | Total Claim | Proposed Settlement | Percent of Settlement |
|------------------------|-------------|------------------------|--|
| Lawyer's Fees* | \$10,000 | \$10,000 | 33.33% |
| Lawyer's Cost | | | MARIAN MATERIAL PROGRAMMA MATERIAL SANCTION AND ANALYSIS OF THE SANCTION A |
| LAC+USC Medical Center | \$302,498 | \$10,000 | 33.33% |
| Other Lien Holders | | | |
| Patient | | \$10,000 | 33.33% |
| Total | | \$30,000 | 100% |

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income, or personal or real property to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 2 DATE: February 19, 2008

| Total Charges | \$34,278 | Account Number | Various |
|-----------------------------|----------|--------------------|------------------------|
| Amount Paid | \$0 | Service Type | Inpatient & Outpatient |
| Balance Due | \$34,278 | Date of Service | Various |
| Compromise Amount Offered | \$8,000 | % Of Charges | 23% |
| Amount to be Written Off | \$26,278 | Facility | LAC+USC Medical Center |

JUSTIFICATION

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient charges of \$34,278 for medical services rendered. The patient obtained an attorney and requested to be billed for the full charges. The patient's third party liability (TPL) claim settled for \$20,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

| Disbursement | Total Claim | Proposed Settlement | Percent of Settlement |
|-------------------------|-------------|------------------------|--------------------------|
| Lawyer's Fees | \$8,000 | \$4,000 | 20% |
| Lawyer's Cost | \$2,322 | \$2,322 | 12% |
| LAC+USC Medical Center* | \$34,278 | \$8,000 | 40% |
| Other Lien Holders* | \$4,938 | \$1,678 | 8% |
| Patient | | \$4,000 | 20% |
| Total | | \$20,000 | 100% |

^{*} Lien holders are receiving 48% of the settlement (40% to LAC+USC Medical Center and 8% to others).

Based on the information obtained, it appears that the patient is unable to pay the full amount of charges and has no source of income, or personal or real property to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 3
DATE: February 19, 2008

| Total Charges | \$106,732 | Account Number | 5066093 & 5158648 |
|-----------------------------|-----------|--------------------|------------------------|
| Amount Paid | \$0 | Service Type | Inpatient & Outpatient |
| Balance Due | \$106,732 | Date of Service | Various |
| Compromise Amount Offered | \$7,200 | % Of Charges | 7% |
| Amount to be Written Off | \$99,532 | Facility | LAC+USC Medical Center |

JUSTIFICATION

This patient was a passenger in an automobile versus automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient charges of \$106,732 for medical services rendered. The patient was denied Medi-Cal and did not apply for ATP. The patient's third party liability (TPL) claim settled for \$25,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

| Disbursement | Total Claim | Proposed Settlement | Percent of Settlement |
|------------------------|-------------|------------------------|--------------------------|
| Lawyer's Fees* | \$10,000 | \$10,000 | 40% |
| Lawyer's Cost ** | \$1,200 | \$600 | 2% |
| LAC+USC Medical Center | \$106,732 | \$7,200 | 29% |
| Other Lien Holders | | | |
| Patient | | \$7,200 | 29% |
| Total | | \$25,000 | 100% |

^{*} The attorney's retainer agreement specified a fee of 40%.

Based on the information obtained, it appears that the patient is unable to pay the full amount of charges and has no source of income, or personal or real property to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

^{**} The attorney has agreed to reduce his cost from \$1,200 to \$600.

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 4 DATE: February 19, 2008

| Total Charges | \$44,913 | Account Number | 7850315 |
|-----------------------------|----------|--------------------|-----------------------|
| Amount Paid | \$0 | Service Type | Inpatient |
| Balance Due | \$44,913 | Date of Service | 9/03/06-9/07/06 |
| Compromise Amount Offered | \$6,500 | % Of Charges | 14% |
| Amount to be Written Off | \$38,413 | Facility | H/UCLA Medical Center |

JUSTIFICATION

This patient was involved in an automobile versus cyclist accident. As a result of this accident, the patient was treated at H/UCLA Medical Center and incurred total inpatient charges of \$44,913 for medical services rendered. The patient was uncooperative in applying for Medi-Cal and thus, was not eligible for ATP. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

| Disbursement | Total Claim | Proposed Settlement | Percent of Settlement |
|-----------------------|-------------|------------------------|-----------------------|
| Lawyer's Fees* | \$5,000 | \$3,450 | 23% |
| Lawyer's Cost* | \$54 | | |
| H/UCLA Medical Center | \$44,913 | \$6,500 | 43.33% |
| Other Lien Holders | \$350 | \$50 | .33% |
| Patient | | \$5,000 | 33.33% |
| Total | | \$15,000 | 100% |

^{*} The patient's attorney has agreed to waive his cost and reduce his fee from \$5,000 or 33% to \$3,450 or 23%.

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income, or personal or real property to meet her obligation to H/UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.